

SAMPLE ENDORSEMENT LETTER

(Date)

American Society for Dermatologic Surgery
5550 Meadowbrook Drive, Suite 120
Rolling Meadows, IL 60008
Fax: 847/956-0999

Attention: Membership Department

RE: (Endorsed physician's name)

As a Fellow of the American Society for Dermatologic Surgery, I endorse the application of Dr. (Name) for membership into the Society.

I have known Dr. (Name) for (length of time) and have found him/her to be (describe skills).

Please contact me if I can provide any additional information in support of this application.

Sincerely,

(Endorsing Physician's name)

Note to New Member Applicants:

If you are a current member of the AAD your endorsement requirement for becoming a member of the American Society for Dermatologic Surgery is one endorser, whom resides in city, state or province.

If you require assistance with the ASDS membership application please contact ASDS Membership Department at 847-956-9124 or via email (membership@asds.net). I look forward to receiving your application materials.

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